

Patient Registry for Primary Pulmonary Hypertension

PATHOLOGY TRANSMITTAL FORM

PLEASE SEND SPECIMENS AND WHITE COPY OF THE FORM TO:

Giuseppe Pietra, M.D.
Department of Pathology
Hospital of the University of Pennsylvania
Box 750
3400 Spruce Street
Philadelphia, Pa. 19104

FILL OUT PART I FOR ALL LUNG TISSUE MATERIAL

FILL OUT PART II FOR ALL AUTOPSY MATERIAL

PART I PATHOLOGY TRANSMITTAL FORM
LUNG TISSUE REPORT (Complete for all specimens)

VERSION 1.1 (1982)
CORRECTED 06-14-82

ID # () () ()
-Ctr. -Pat. -AcPostTc

1. Date lung tissue obtained (M/D/Y) () () 19()
2. Source of material 1) () Biopsy 2) () Autopsy
3. Specify lung lobe(s) from which specimen was taken
A. () Right, specify 1) () Upper 2) () Middle 3) () Lower
B. () Left, specify 1) () Upper 2) () Lower
4. Lung inflated 1) () No 2) () Yes
5. Was an angiogram performed

A. Antemortem

- 1) () No
- 2) () Yes, specify () Standard
() Wedge

B. Postmortem

- 1) () No
- 2) () Yes, Standard

6. Materials sent

- A. Fixed wet tissue 1) () No 2) () Yes
- B. Blocks 1) () No 2) () Yes, specify how many ()
- C. Slides 1) () No
2) () Yes, specify the following,
a. Number of slides sent ()
b. () Stained
c. () Unstained

7. Was a copy of the pathology report sent

- 1) () No 2) () Yes

8. Please sign below upon completion of the form

Completed by _____ Reviewed by _____

INVESTIGATOR, PLEASE RETAIN YELLOW COPY
Patient Registry for Primary Pulmonary Hypertension

PART II PATHOLOGY TRANSMITTAL FORM
AUTOPSY REPORT FORM

VERSION 1.1 (1982)
CORRECTED 06-14-82

ID # () () ()
Cer. Pat. AcPostTc

1. Date of autopsy (M/D/Y) () () 19()

2. Length of time from death to autopsy
1) () Days 2) () Hours

3. Autopsy performed by:
1) () Hospital Pathologist
2) () Medical Examiner
3) () Other, specify

4. Were there any autopsy
restrictions?
1) () No 2) () Yes, specify

5. Were leg veins examined

A. () No

B. () Yes, check all that apply,

1) () Patent

2) () Thrombosed, specify

a. () Recent

b. () Old

6. PLEASE INCLUDE EITHER

1) () Provisional Anatomic Diagnosis

2) () Complete Autopsy Report

7. Please sign below upon completion of the form

Completed by _____

Reviewed by _____

SEND MATERIALS WITH WHITE COPY TO PROJECT PATHOLOGIST
Patient Registry for Primary Pulmonary Hypertension

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